

Name in Full

Certificate of Death

Eliza Brown

Town

County

Tadw-

MARYLAND

Died at

Date 1903 July 26th Month Day Y. M. D. Age 23 - - Native of Ma Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Harry Brown

Wife

Father's Name W. E. Fighman Mother's Maiden Name Lilly Dunby

Cause of Death Primary Phthisis Pulmonaris Immediate

How long sick About a year

Accident, Suicide, Homicide

Reported by Julius A. Johnson M.P.

Address Dashi. Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Martha D. Chaplaine

Town

County

Died at

St. Michaels

Talbot

MARYLAND

Date 1903

Month

Day

1 20

Age

Y. M. D.

57 - -

Native of

Occupation

St. Michaels Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
Wife of

Name

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Chronic nephritis

Asthenia

How long sick

8 months

Accident, Suicide, Homicide

Reported by

Address

A. B. Lascock

St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

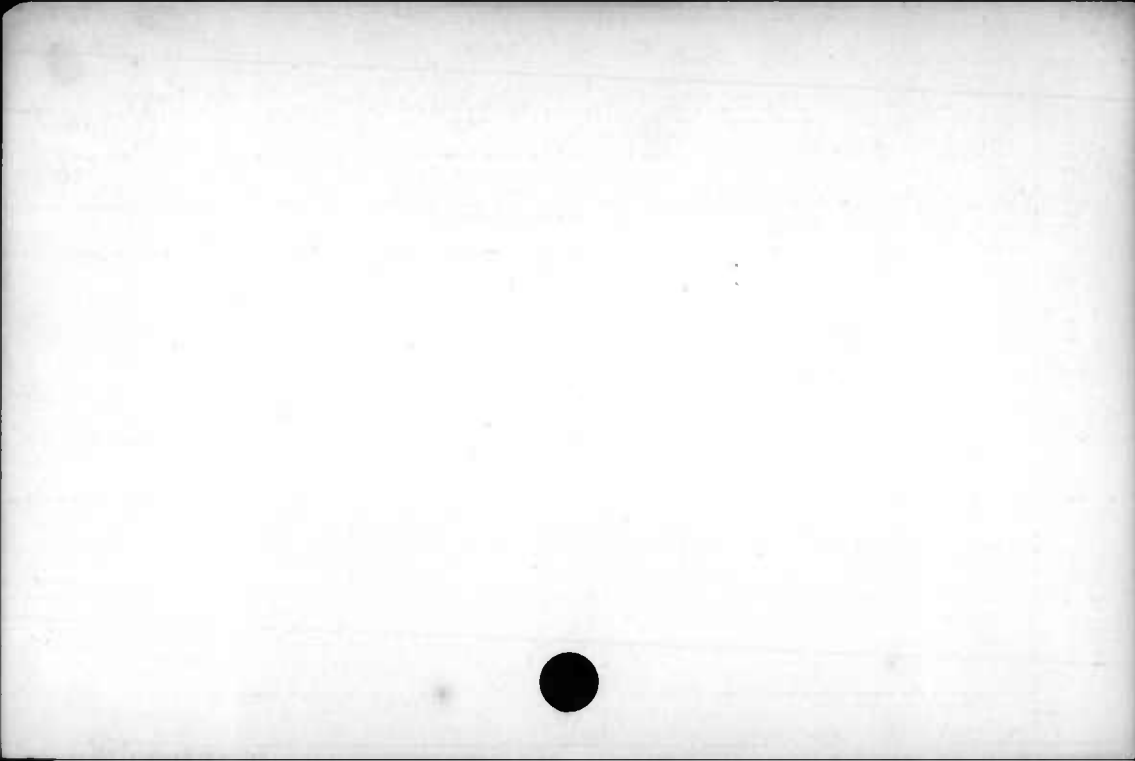
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>St Michaels</i>		County <i>St Michaels</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>6th</i>	Age <i>62</i>	Years	Months <i>1</i>	Days <i>0</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>New Orleans</i>				
Married, Single or Widowed			Occupation <i>Druggist & Store Dealer</i>				
Name of Wife or Husband <i>John Annis Hollins</i>							
Father's Name <i>George Hollins</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Caroline V. Keston</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving In formation <i>Annie M. Hollins</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

Primary <i>Kidney Disease - 120</i>	How long <i>2 Years</i>
Immediate <i>Paralysis Brain</i>	How long <i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Eades M.D.</i>
	Address <i>St Michaels Md.</i>
Accident or Suicide? <i>_____</i>	

PHYSICIAN
OR CORONER



Francis Dickerson

Died at

Town Alumtown County Talbot.

MARYLAND

Date 1903

Month July Day 21st

Age

Y. 75 M. - D. -

Native of

Occupation

MaleWhiteMarriedWidowDivorced

Female

Colored

SingleWidower

Number of children living

3Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old Age

How long sick

6 months

Death

Immediate

ParalysisAccident, Suicide, Homicide

Reported by

Julius A. Johnson M.D.

Address

East-Med

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Henry Borem

CERTIFICATE OF DEATH

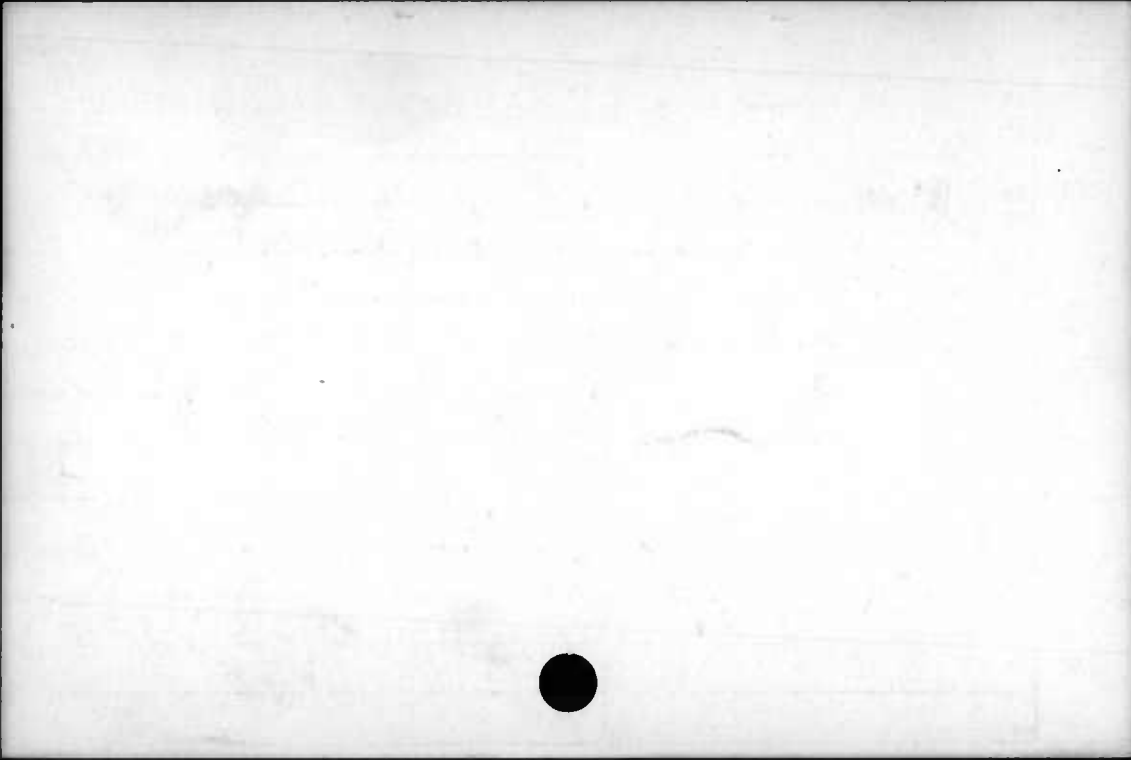
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newtown</i> ^{Town}			<i>Talbot</i> ^{County}			MARYLAND	
Date of death 190 <i>3</i>		Month <i>Jan.</i>	Day <i>17</i>	Age <i>19</i>	Years <i>1</i>	Months <i>27</i>	Days <i>27</i>
Sex <i>Male</i>		Color or Race <i>negro</i>		Birth-place <i>Near Cordova</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>Farm hand</i>					
Name of Wife or Husband <i>X</i>							
Father's Name <i>Shadrach Borem</i>				Father's Birthplace <i>Queen Anne Co</i>			
Mother's Maiden Name <i>Cavie Flannor</i>				Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Shadrach Borem</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i> <i>27</i>	How long <i>6 weeks</i>
Immediate <i>Phthisis Pul.</i> <i>27</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. H. Rose</i>
	Address <i>Cordova</i>
Accident or Suicide?	



Name
in
Full

Elebaircus Sigott

CERTIFICATE OF DEATH

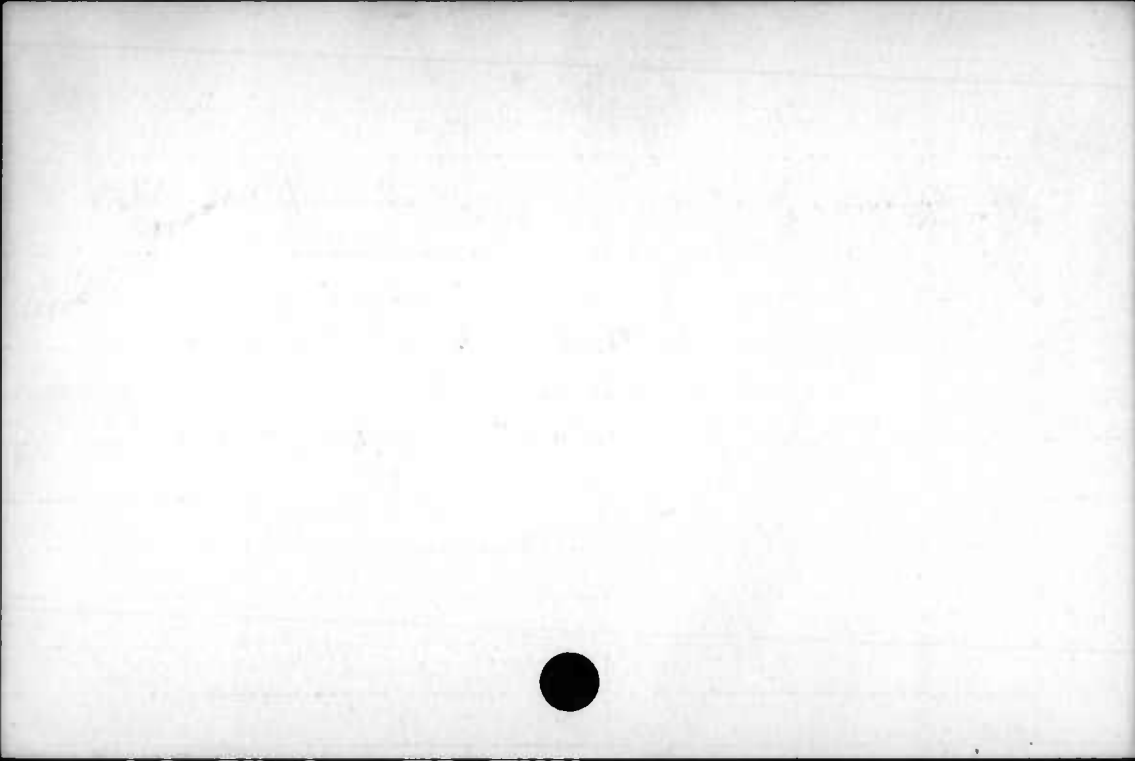
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Royal Oak		County Talbot		MARYLAND	
Date of death 1903	Month June	Day 24th	Age 65	Years	Months	Days	
Sex male	Color or Race white		Birth- place Talbot				
Married, Single or Widowed married		Occupation Farmer					
Name of Wife or Husband Lizzie Sigott							
Father's Name Sigott				Father's Birthplace Talbot			
Mother's Maiden Name Lizzie Gardner				Mother's Birthplace Talbot			
Name of person giving information Edward Sigott				How related to deceased son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Atherosclerosis	How long	66
Immediate	Paralysis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Paul C. Trippe
		Address	Royal Oak, Md
Accident or Suicide?			



Name
in
Full

Oliver Fairbank

CERTIFICATE OF DEATH

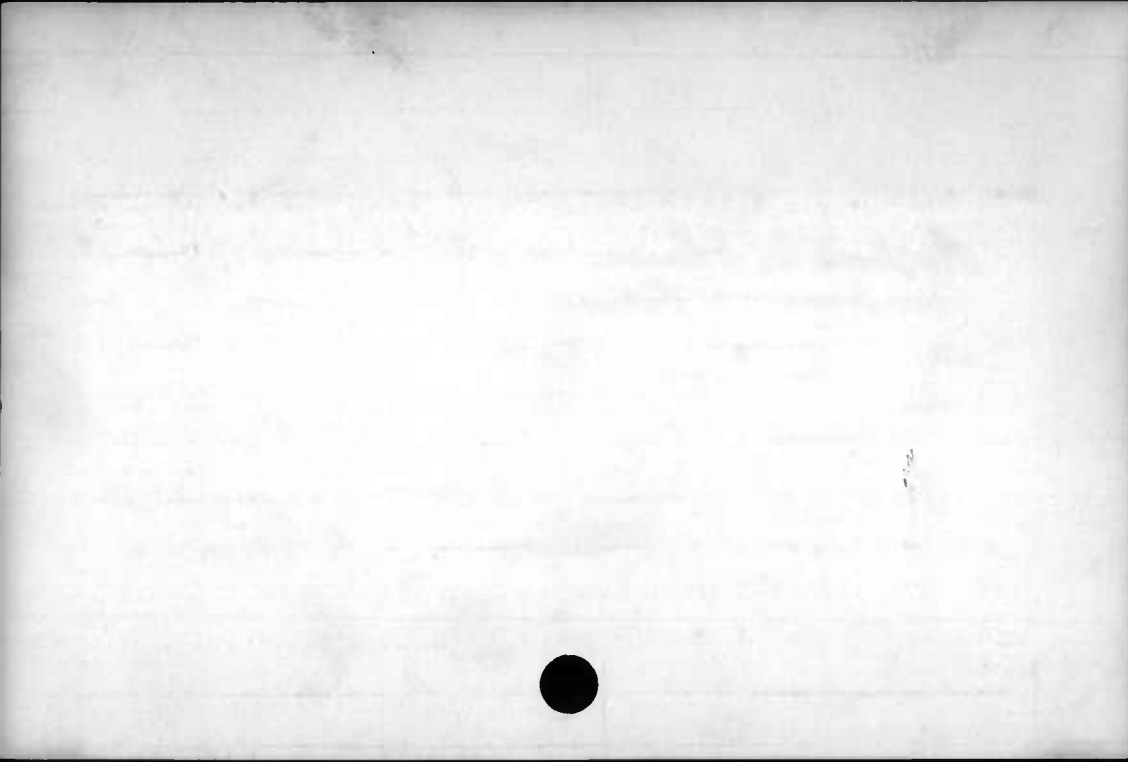
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>1</i>	Day <i>14</i>	Age <i>64</i> ^{Years}	Months <i>4</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St Michaels</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Merchant</i>				
Name of Wife or Husband <i>Rachael Fairbank</i>					
Father's Name <i>Thomas Fairbank</i>			Father's Birthplace <i>St Michaels</i>		
Mother's Maiden Name <i>Elizabeth Jefferson</i>			Mother's Birthplace <i>St Michaels</i>		
Name of person giving Information <i>Walter Fairbank</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER
(1)

Primary <i>Heart Disease</i>	<i>79</i>	How long
Immediate <i>Heart Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos E Burns Acting Coroner</i>
		Address <i>St Michaels</i>
Accident or Suicide?		



Richard D. Flomen —

Died at ^{Town} Cordova ^{County} Talbot

MARYLAND

Date 1903 1-10 Age 30

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of _____

Wife _____

Father's Name Richard D. Flomen Mother's Maiden Name Malvina Baynard

Cause of Death { Primary Indigestion 104 7 days

Death { Immediate Convulsions

How long sick 7 days

Accident, Suicide, Homicide

Reported by R. Hackett H. M. S.

Address Queen Anne Mrs.



Name In Full

Certificate of Death

Mary E. Traquir

Town

County

MARYLAND

Died at near Trappe

Tallot

Date 1903.	Month	Day	Y.	M.	D.	Native of	Occupation
Jan.	20					Md.	Laborer.
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living 3

Husband of
Wife Widow Frank Traquir

Father's Name Pompey Potts
Mother's Maiden Name Margaret

Cause of	Primary	Consumption	How long sick	4 months
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by James S. Chaplain

Address Trappe, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Caroline Gibbs

Town

County

MARYLAND

Died at

Easton

Talbot

Date 1903

Month Day

Jan 6

Age 83

Y. M. D.

Native of

Talbot

Occupation

Male

~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living none

Husband of

~~White~~

Father's Name

Samuel Gibbs

Mother's

Maiden Name

Betsy Gibbs

Cause of

Primary

old age

How long sick

Three days

Death

Immediate

Accident, Suicide, Homicide

Reported by

James R Thomas

Address

Easton Talbot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75008



Name In Full

Certificate of Death

Sadie Gibson

Town

County

MARYLAND

Died at

Easton

Talbot

Date 19

03

Month

Day

Jan 23

Y.

M.

D.

Native of

Occupation

Age

8

Talbot

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

~~William~~ Jackson
Ernest

Mother's

Maiden Name

Sadie Gibson

Cause of

Primary

Grippe

How long sick

6 days

Death

Immediate

10

Accident, Suicide, Homicide

Reported by

Wm J Smith Mch of Child

Address

Easton Talbot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name In Full

Certificate of Death

Harriet Ann Hicks

Town

County

Died at near Easton

Talbot

MARYLAND

Date 1903 Jan 18 Age 65 Y. M. D. Native of U.S.A. Occupation H. wife
 Female Colored Married Widowed Divorced
 Number of children living none

Husband of Harriett Hicks
 Wife Geo. Holland Mother's Maiden Name Harriet Holland
 Father's Name

Cause of Death { Primary Heart Disease 79 How long sick 10 min
 Immediate " " ~~Accident, Suicide, Homicide~~

Reported by Chas. F. Dindan M.D. Examiner
 After Death Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary Ella Jones*

Town *Apford* County *Lalhol* MARYLAND

Died at *Apford* Month *Jan.* Day *25* Y. *20* M. *0* D. *0* Native of *Md* Occupation *None*

Date 19*03* *Jan. 25* Age *20* *0* *0*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *—*

Husband of *William Jones*

Wife *William Jones*

Father's Name *Wm E. Johns* Mother's Maiden Name *Lizzie Gibson*

Cause of Death { Primary *Phthisis Pulmonum* How long sick
 Immediate *Heart-failure 2 1/2* Accident, Suicide, Homicide

Reported by *J A Stevens M.D.*

Address *Apford Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Jones

Died at *Easton* Town *Talbot* County MARYLAND

Date 1903 *Jan 5* Month *Jan* Day *5* Age *0 0 0* Y. M. D. Native of *—* Occupation *—*

Male *White* Married *Widow* Divorced *—*
 Female *Colored* Single *Widower* Number of children living *—*

Husband of
 Wife *—*

Father's Name *Samuel W Jones* Mother's Maiden Name *Ella F. Ball*

Cause of Death *Still Born* Primary *Still Born* Immediate *Still Born* How long sick *X* Accident, Suicide, Homicide

Reported by *E. R. Duppe M.D.*

Address *Easton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Med



Mary Frances Leonard.

Died at ^{Town} *Hambledon* ^{County} *Talbot* MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903.	1	27				<i>Ma.</i>	
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living <i>none.</i>	

~~Husband~~
~~Wife~~ *Widow of Jonathan Leonard.*

Father's Name *Wm. L. Wright* Mother's Maiden Name *Emily*

Cause of	Primary	<i>Tumor of Pylorus</i>	How long sick	<i>12 months</i>
	Death	Immediate	<i>Exhaustion</i>	Accident, Suicide, Homicide

Reported by *James S. Chaplain M.D.*

Address *Trappe, Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sallie E. Leonard

Town

County

MARYLAND

Died at Cordora

Talbot

Date 1903 Jan 7

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan

7

Age 50

-

-

Talbot Co

Housewife

Male

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living 2

Husband of Geo. Leonard

Wife

Father's Name Robt. Harris

Mother's

Maiden Name

Sallie E. Harris

Cause of Primary Pulmonary Tuberculosis

How long sick

Three yrs

Death Immediate Exhaustion

Accident, Suicide, Homicide

Reported by J. J. Harris

Address Cordora Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name

In
Full

CERTIFICATE OF DEATH

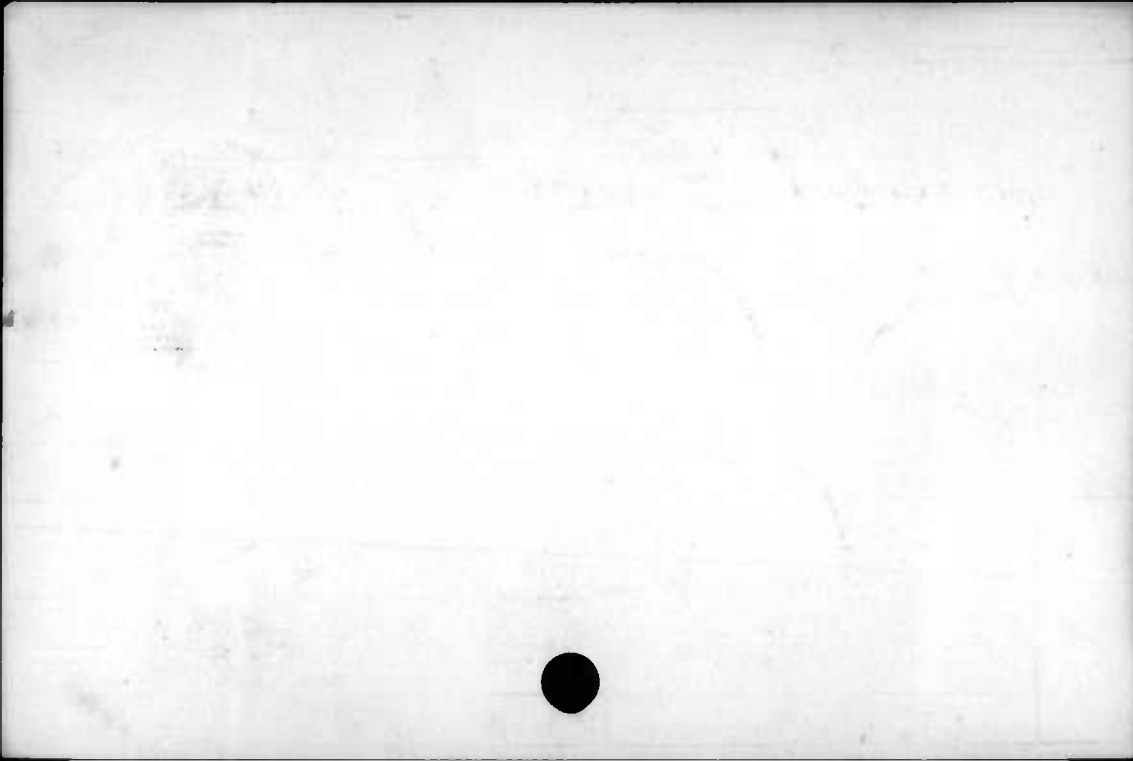
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eastern Point</i>		County <i>Talbot</i>		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>10th</i>	Age <i>54</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Talbot Co</i>		
Married, Single or Widowed	<i>Married</i>		Occupation <i>Sailor</i>		
Name of Wife or Husband <i>Mollie Manary</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>W. F. Gossage</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>2 or 3 hours</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 1/4</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>E. R. Rippe</i>	
Address		<i>Easton Md</i>	
Accident or Suicide?			



Name
in
Full

Hannah Lizzie Wilson Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> Town		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>2</i>	Age <i>45</i> Years	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Joseph Miller</i>					
Father's Name <i>John Wilson</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Hannah Williams</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Mrs. Mabel B. Rostek</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dilated Heart + Chd. brn</i>	How long <i>136</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jessie Sheritt</i>
	Address <i>Easton</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

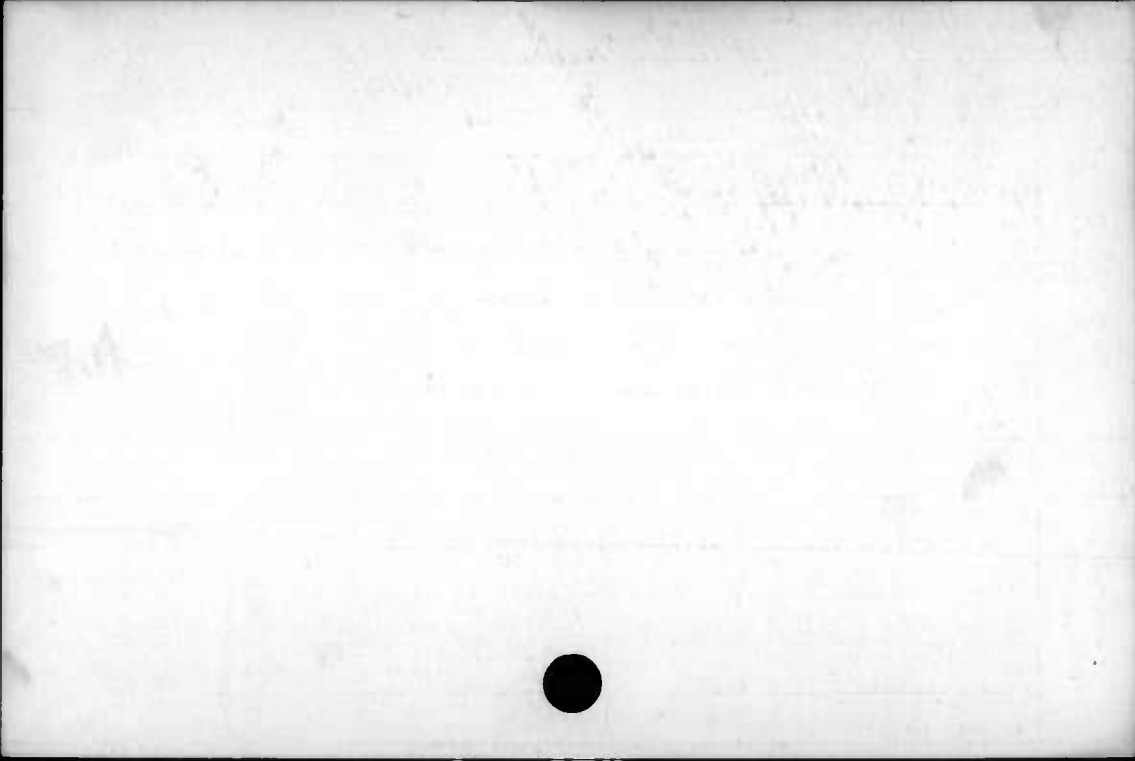
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Dulles</u> County		MARYLAND	
Date of death 190	<u>3</u> Month	<u>14</u> Day	Age <u>1</u> Years	Months <u>1</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Easton, Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>Infant</u>			
Name of Wife or Husband <u>_____</u>					
Father's Name <u>Joseph Miller</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Hannah L. Wilson</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>J. Miller</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u>4 days</u>
Immediate <u>Heart Failure</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Smith</u>
	Address <u>Easton, Md</u>
Accident or Suicide?	



Name
in
Full

Perry Myers

CERTIFICATE OF DEATH

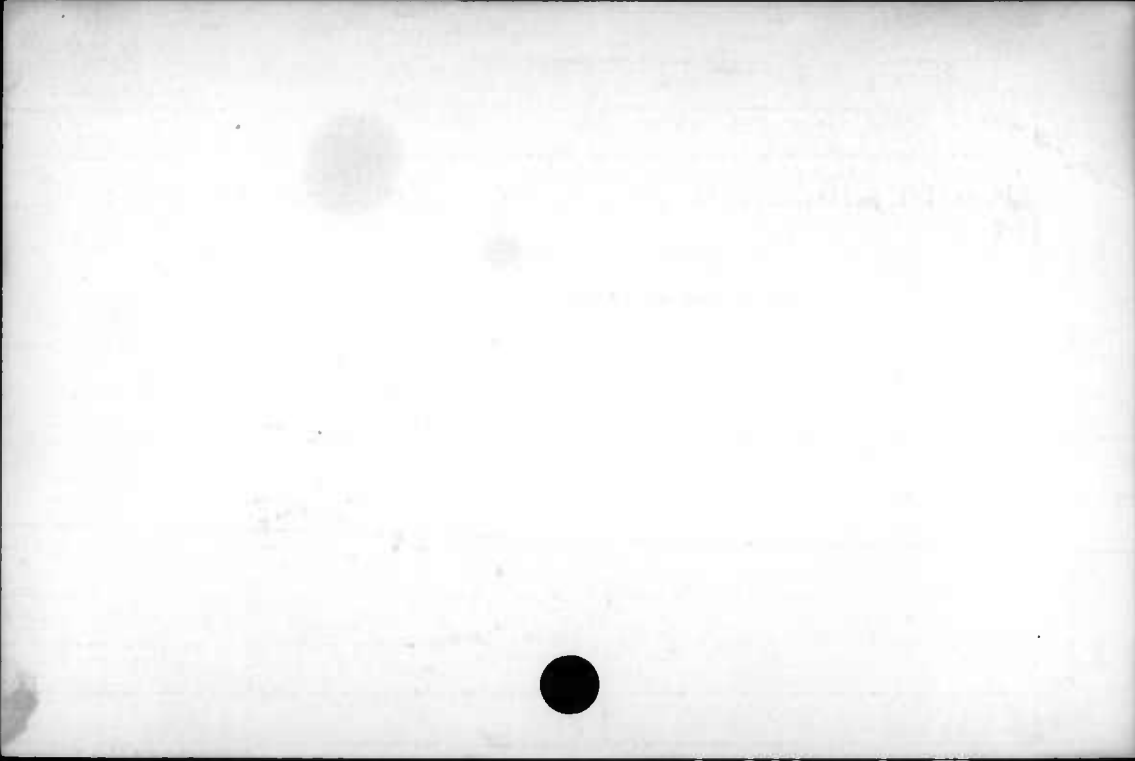
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Michaels</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Jan</u>	Day <u>31</u>	Age <u>78</u> <small>Years</small>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth-place <u>Bayside Md.</u>		
Married, Single <u>or Widowed</u>			Occupation <u>General farm labor</u>		
Name of Wife or Husband <u>Mary Myers</u>					
Father's Name <u>Dont Know</u>			Father's Birthplace <u>Dont Know</u>		
Mother's Maiden Name <u>Dont Know</u>			Mother's Birthplace <u>Dont Know</u>		
Name of person giving information <u>John Lawrence</u>			How related to deceased <u>1/2 Bro. to wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy, with Paralysis</u>	How long <u>Several yrs.</u>
Immediate <u>General decline of power</u>	How long <u>Several mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. A. Dodson</u>
	Address <u>St. Michaels Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Thos Nicols

CERTIFICATE OF DEATH

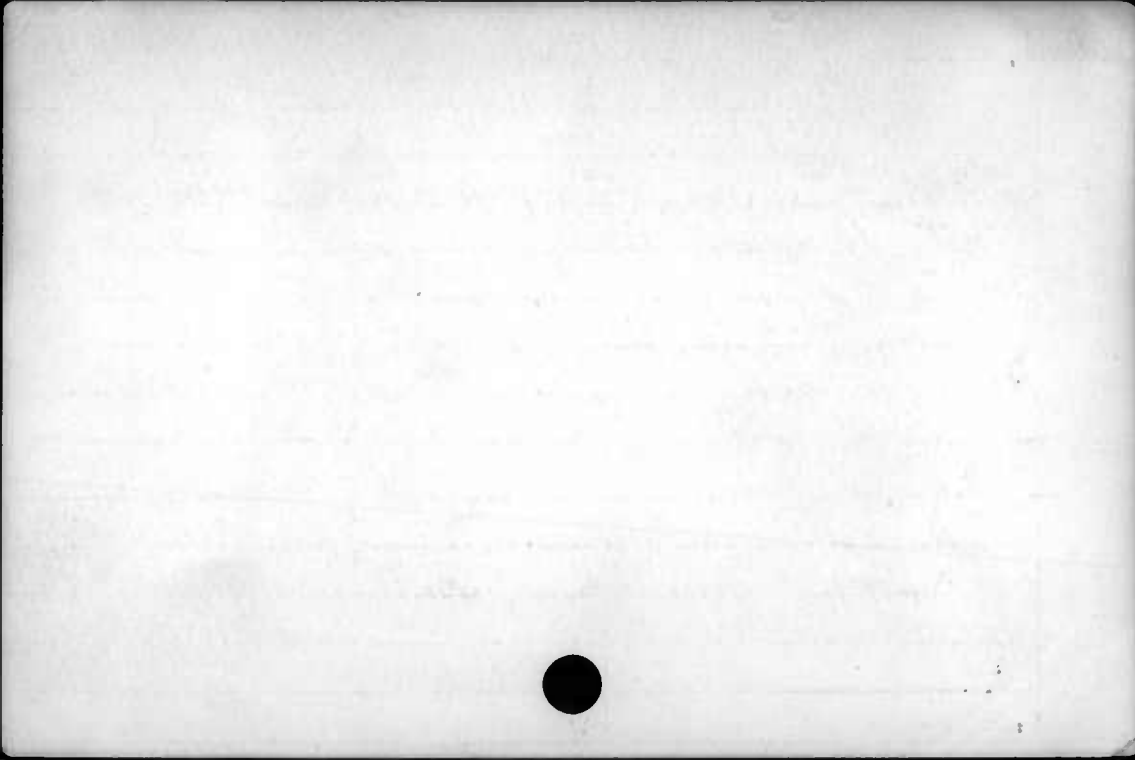
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bellevue</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>4th</i>	Years <i>42</i>	Months	Days		
Sex <i>male</i>	Color or Race <i>Bugro</i>		Birth-place <i>Talbot</i>				
Married, Single or Widowed <i>Widower</i>		Occupation <i>Dyebrman</i>					
Name of Wife or Husband <i>Ellen Nicols</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Elizabeth Nicols</i>				Mother's Birthplace <i>Talbot</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>one year</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel C. Trippe</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Mary C. Parrott

Died at ^{Town} *Easton* ^{County} *Talbot -* **MARYLAND**

Date	1903	Month	Day	Y.	M.	D.	Native of	Occupation
	<i>Jan</i>	<i>29</i>	<i>6</i>	<i>54</i>	-	-	<i>Ind</i>	<i>Housewife</i>
	Male	White	Married	Widow			Divorced	
	Female	Colored	Single	Widower			Number of children living	<i>4</i>

Husband of *Geo. W. Parrott*

Father's Name	<i>Ed. Hardesty -</i>	Mother's Maiden Name	<i>Elizabeth Langdon</i>
---------------	-----------------------	----------------------	--------------------------

Cause of	Primary	<i>Phthisis Pulmonalis</i>	How long sick	<i>about 1 year</i>
Death	Immediate	<i>Exhaustion</i>	<i>27</i>	Accident, Suicide, Homicide

Reported by *Julius A. Johnson M.D.*
Easton - Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan Ribout

Died at Easton Town County Talbot

MARYLAND

Date 1903 Jan 23 Month Day Y. M. D. Age 64 - - Native of U.S.A. Occupation Cook

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Single~~ ~~Widower~~ Number of children living 2

Female Colored

Husband of

Wife

Father's Name Wm Philips 93 Mother's Maiden Name Mary Collier

Cause of Death { Primary Grip - Double Pneumonia How long sick 3 wks
Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson
Easton, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Augusta Schnaitman

Died at ^{From} Miles River Neck County Talbot - MARYLAND

Date 1903 July 25th Age 36

Month Day Y. M. D. Native of Occupation

Male White Married Widow ~~Divorced~~ Germany Housewife

Female Colored Single Widower Number of children living 9

Husband of John Schnaitman

Wife

Father's Name John Strahl Mother's Maiden Name Augusta Mielke

Cause of Primary Pregnancy How long sick 1 month

Death Immediate Minic Cerna 138 Accident, Suicide, Homicide

Reported by Julius A. Johnson M.D.

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
In
Full

Anne M. Sneed

CERTIFICATE OF DEATH

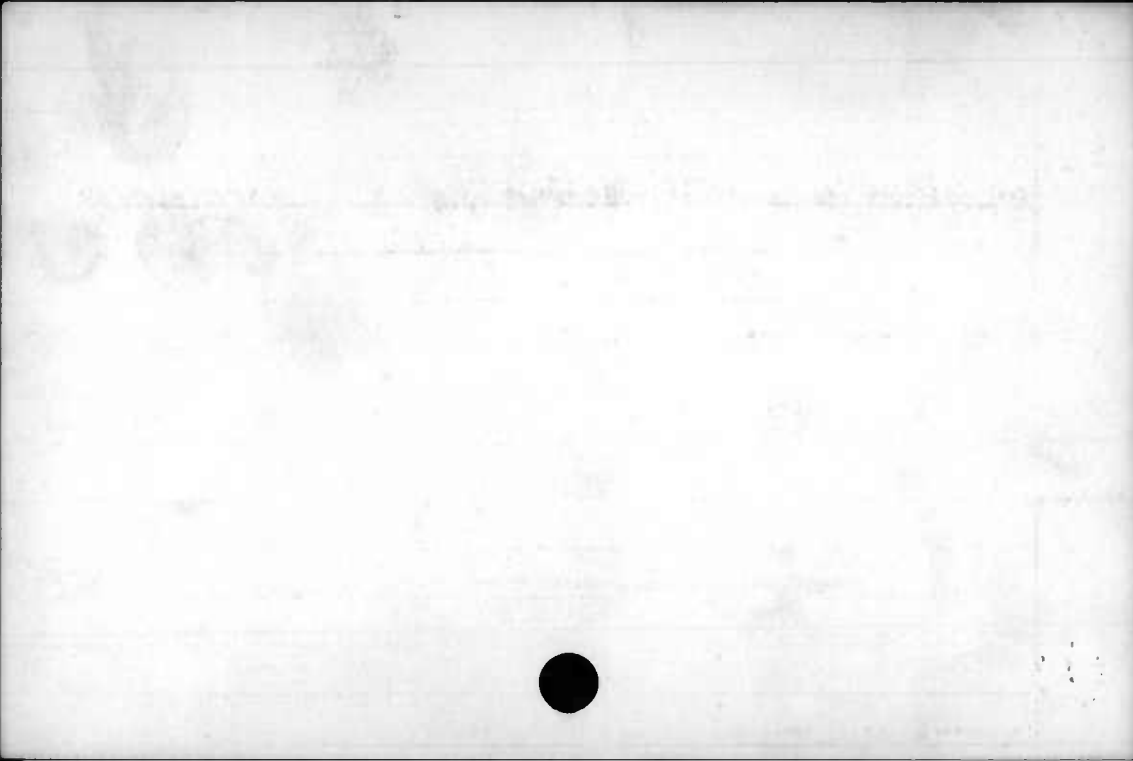
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Salvoe</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Jan</u>	Day <u>24</u>	Age <u>56</u> <small>Years</small>	Months <u>3</u>	Days <u>16</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>None</u>			
Name of Wife or Husband <u>X</u>					
Father's Name <u>Richard P. Sneed</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Ann E. Parrott</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Wm J. Bennett</u>			How related to deceased <u>Brother in Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Progressive Paralysis</u>	How long <u>a few days</u>
Immediate <u>Exhaustion</u>	How long <u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. R. Zippe</u>
	Address <u>Easton</u>
Accident or Suicide?	<u>Md</u>



Name in Full

Certificate of Death

Mrs. Loe May Starb

Town

County

Easton

Talbot-

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 2nd

Age 21, 10 19

Del

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband

of

E. Kenley Starb

Wife

Father's

Name

Geo E. Warrington

Mother's

Maiden Name

Emma J. Grinnell

Cause of

Primary

Chronic Nephritis

How long sick

Death

Immediate

Uremia 120

Accident, Suicide, Homicide

Reported by

Julius C. Johnson M. D.

Address

Easton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73809



Name In Full

Certificate of Death

Rufus Warner

Town

County

Died at near Easton

Tallot

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Jan	11				Tallot Co	Farm labor
Male	White		Married			Widow	Divorced
Female			Single			Widower	Number of children living
							Seven

 Husband of
 Wife of Ama Warner

 Father's Name
 Mother's Maiden Name

Cause of	Primary	How long sick
Heart Failure	179	3 hours
Death	Immediate	Accident, Suicide, Homicide

Reported by Ed Samuel Palchett

Address Easton Tallot Co 2117

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72206



Name
in
Full

Harmon Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Eustoy		^{County} Talbot		MARYLAND	
Date of death 1903	Month Jan	Day 19	Age 82	Months 0	Days 27
Sex Male	Color or Race Black	Birth-place Talbot Co., Md			
Married, Single or Widowed Widowed	Occupation Laborer				
Name of Wife or Husband Mary King					
Father's Name George Warner			Father's Birthplace Dorchester		
Mother's Maiden Name Matilda			Mother's Birthplace Dorchester		
Name of person giving information Chas. H. Warner			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis	How long 6 mos
Immediate Heart Failure	How long 4 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. B. Smith
	Address Eustoy, Md
Accident or Suicide? No	

1

Chapin

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

5

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

